



City of Polson

Montana

1061st St E., Polson, MT 59860 - 406-883-8206 (Fax): 406.883.8238 www.cityofpolson.com/parksrec

PARKS DEPARTMENT
ALCOHOL CONSUMPTION PERMIT

Name: Org/event: No. People:
Telephone: Email:
Address: City: State: ZIP:
Park: Facility/Shelter:
Date(s) to be Used: Time:

The applicant, by signing below, agrees and certifies that:

- Applicants will ensure that all participants comply with all laws and ordinances regulating the consumption of alcoholic beverages.
No underage person will be allowed to consume alcoholic beverages.
Anyone who appears legally intoxicated will be refused further alcoholic beverages and will be immediately furnished transportation home.
All alcoholic beverage containers will be properly disposed of.
Applicant will protect the City from any liability resulting from the breach of this agreement.
Applicant acknowledges this permit may be revoked for failure to comply with its terms.
The applicant acknowledges that the issued permit must be present with the applicant during the event.
Form 7. 252.AICon

Waiver of Liability

I hereby certify that I have read and understand the policies and procedures regarding the use of public parks/facilities. I further agree to hold the City of Polson, its governing board, the individual members thereof and all officers, agents and employees free and harmless of any loss, damage, liability cost or expense that may arise during or be caused in any such use or occupancy of City property.

Applicant's signature: Date:

** Office Use Only**

Fee: \$50.00 event /100.00 season Amount Paid: \$ Rcpt/Ck#:
Employee Initials: Date .

Approval Signature: Polson Parks & Recreation Director: Date:
Approval Signature: City Manager: (over 75.) Date: